Depend on our people. Count on our advice. SM

June 30, 2016

Marlene H. Dortch Secretary Federal Communications Commission 445 12th Street, S.W. Washington, DC 20554

ATTENTION: WIRELINE COMPETION BUREAU

RE: Form 481 ETC filing pursuant to Sections 54.422 SAC 369020, MN, Farmers Mutual Telephone Company Connect America Fund WC Dockets 10-90, 11-42 and 14-58

Dear Ms. Dortch:

Pursuant to Section 54.422 of Commission's Rules, Farmers Mutual Telephone Company MN, SAC 369020 is filing its Form 481 High Cost and Low-Income Annual Report.

The Public version is also being filed on the Electronic Comment Filing System.

Please address any correspondence regarding this transmittal to the attention of Tom Campbell at the following address, e-mail or telephone number.

Sincerely,

Tom Campbell Telecommunications Consultant tcampbell@otcpas.com

651-621-8511 (v) 651-483-2467 (f)

Enclosures

FCC Foi	rm 481 - Carrier Annual Reporting Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	369020	
<015>	Study Area Name	FARMERS MUTUAL TECHNOLOGIES INC.	
<020>	Program Year	2017	
<030>	Contact Name: Person USAC should contact with questions about this data	Pamela Hintz	
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6516218535 ext.	
<039>	Contact Email Address: Email of the person identified in data line <030>	phintz@otcpas.com	
	Form Type	54.422	

(100) 0	(400) Coming Ovellands and Barrating				
	ervice Quality Improvement Reporting Ollection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819			
Data Co	Silection Form		July 2013		
			·		
<010>	Study Area Code	369020			
<015>	Study Area Name	FARMERS MUTUAL TECH	NOLOGIES INC.		
<020>	Program Year	2017			
<030>	Contact Name - Person USAC should contact regarding this data	Pamela Hintz 6516218535 ext.			
<035>	Contact Telephone Number - Number of person identified in data line <030>	6516218535 ext.			
<039>	Contact Email Address - Email Address of person identified in data line <030>	phintz@otcpas.com			
			_		
<110>	Has your company received its ETC certification from the FCC?	(yes / no)	$\circ \circ$		
	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5		\cap		
<111>	year plan" filed with the FCC?	(yes / no)	00		
	If your answer to Line <111> is yes, please file a progress report, on line				
	<112> delineating the status of your company's existing § 54.202(a) "5 year				
	plan" on file with the FCC, as it relates to your provision of voice telephony				
	service.				
<112>	Attach Five-Year Service Quality Improvement Plan or, in subsequent years,				
	your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your	company is a			
	CETC which only receives frozen support, your progress report is only				
	required to address voice telephony service.				
			Name of Attached Document		
	Please select the appropriate responses below (Yes, No, Not Applicable) to cont	firm	Name of Attached Document		
	that the attached document(s), on line 112, contains a progress report on its five				
	service quality improvement plan pursuant to §54.202(a). The information shall	•			
	submitted at the wire center level or census block as appropriate.				
<113>					
	Maps detailing progress towards meeting plan targets				
<114>	Report how much universal service (USF) support was received				
<115>	How much (USF) was used to improve service quality and how support was used to improve service quality and how support was used to improve service quality.				
<116>	How much (USF) was used to improve service coverage and how support was used to im	- 1			
<117>	How much (USF) was used to improve service capacity and how support was used to improve	prove service capacity			
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.				
	in the prior calendar year.	•			

(200) Service Outage Reporting (Voice)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	369020
<015>	Study Area Name	FARMERS MUTUAL TECHNOLOGIES INC.
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Pamela Hintz
<035>	Contact Telephone Number - Number of person identified in data line <030>	6516218535 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	phintz@otcpas.com
<210>	For the prior calendar year, were there any reportable voice service or	utages?

<220>

<a>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d></d>	<e></e>	<f></f>	<g></g>	<h>></h>
NOR									Did This Outage		
Refere	_	Outage Start			Number of		911 Facilities	Service Outage	Affect Multiple		
Numbe	Date	Time	Date	Time	Customers Affected		Affected	Description (Check	Study Areas	Service Outage	Preventative
						Customers	(Yes / No)	all that apply)	(Yes / No)	Resolution	Procedures
		_	_	_							

` '	ulfilled Service Request ection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	369020	
<015>	Study Area Name	FARMERS MUTUAL TECHNOLOGIES INC.	
<020>	Program Year	2017	
<030>	Contact Name - Person USAC should contact regarding this data	Pamela Hintz	
<035>	Contact Telephone Number - Number of person identified in data line <030>	6516218535 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	phintz@otcpas.com	
<300> U	nfulfilled service request (voice)		
<310>[Detail on attempts (voice)		
<320>	Unfulfilled service request (broadband)	ne of Attached Document	
<330>	Detail on attempts (broadband)	Name of Attached Document	

(400) Number of Complaints per 1,000 customers	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	369020
<015>	Study Area Name	FARMERS MUTUAL TECHNOLOGIES INC.
<020>	Program Year	2017
<030>	Contact Name - Person USAC should cont	ract regarding this data Pamela Hintz
<035>	Contact Telephone Number - Number of <030>	person identified in data line 6516218535 ext.
<039>	Contact Email Address - Email Address of <030>	person identified in data line phintz@otcpas.com
<400>	Select from the drop-down list to indicate voice complaints (zero or greater) for voic calendar year for each service area in which any facilities you own, operate, lease, or o	e telephony service in the prior ch you are designated an ETC for
<410>	Complaints per 1000 customers for fixed	voice
<420>	Complaints per 1000 customers for mobil	e voice
<430>	Select from the drop-down list to indicate end-user customer complaints (zero or gr the prior calendar year for each service ar an ETC for any facilities you own, operate	eater) for broadband service in real in which you are designated
<440>	Complaints per 1000 customers for fixed	broadband
<450>	Complaints per 1000 customers for mobil	e broadband

ith Service Quality Standards and Consumer Protection Rules n		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013		
O Code	369020			
Name F.	ARMERS MUTUAL TECHNOLOGIES INC.			
ear 2	2017			
ame - Person USAC should contact regarding this data	Pamela Hintz			
lephone Number - Number of person identified in data line <030>	6516218535 ext.			
nail Address - Email Address of person identified in data line <030>	phintz@otcpas.com			
0> Certify compliance with applicable service quality standards and consumer protection rules				
pliance with applicable service quality standards and consumer prote	ection rules			

(600) Functionality in Emergency Situations	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	369020
<015>	Study Area Name	FARMERS MUTUAL TECHNOLOGIES INC.
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Pamela Hintz
<035>	Contact Telephone Number - Number of person identified in data line <030>	6516218535 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	phintz@otcpas.com
<600>	Certify compliance regarding ability to function in emergency situations	
<610>	Descriptive document for Functionality in Emergency Situations	

(700) Price Offerings including Voice Rate Data Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010> Study Area Code	369020	
<015> Study Area Name	FARMERS MUTUAL TECHNOLOGIES INC.	
<020> Program Year	2017	
<030> Contact Name - Person USAC should contact regarding this data	Pamela Hintz	
<035> Contact Telephone Number - Number of person identified in data	line <030> 6516218535 ext.	
<039> Contact Email Address - Email Address of person identified in data	line <030> phintz@otcpas.com	
<701> Residential Local Service Charge Effective Date 1/1/2016 <702> Single State-wide Residential Local Service Charge		

<703>	<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<b5></b5>	<c></c>
					Residential Local			Mandatory Extended Area	
	State	Exchange (ILEC)	SAC (CETC)	Rate Type	Service Rate	State Subscriber Line Charge	State Universal Service Fee	Service Charge	Total per line Rates and Fees
			1			<u> </u>			1

(710) Broadbrand Price Offerings	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

<010>	Study Area Code	69020
<015>	Study Area Name	FARMERS MUTUAL TECHNOLOGIES INC.
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Pamela Hintz
<035>	Contact Telephone Number - Number of person identified in data line <030>	6516218535 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	phintz@otcpas.com

<711>	<a1></a1>	<a2></a2>	<b1></b1>	<b2></b2>	<c></c>	<d1></d1>	<d2></d2>	<d3></d3>	<d4></d4>
	State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached {select }

(800) Op	erating Companies			FCC Form 481
Data Coll	lection Form			OMB Control No. 3060-0986/OMB Control No. 3060-0819
				July 2013
<010>	Study Area Code		369020	
<015>	Study Area Name		FARMERS MUTUAL TECHNOLOGIES INC.	
<020>	Program Year		2017	
<030>	Contact Name - Person l	JSAC should contact regarding this data	Pamela Hintz	
<035>	Contact Telephone Num	ber - Number of person identified in data line <030>	6516218535 ext.	
<039>	Contact Email Address -	Email Address of person identified in data line <030>	phintz@otcpas.com	
<810>	Reporting Carrier	Farmers Mutual Technologies		
<811>	Holding Company	Not Applicable		
<812>	Operating Company	Farmers Mutual Telephone Company		

<813>	<a1></a1>	<a2></a2>	<a3></a3>
	Affiliates	SAC	Doing Business As Company or Brand Designation
•	See atta	ached workshe	et
•			
,			
•			
,			
•			
,			
•			
•			
•			
•			

(900) Tri	pal Lands Reporting		FCC Form 481
Data Col	ection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
			July 2013
<010>	Study Area Code	369020	
<015>	Study Area Name	FARMERS MUTUAL TECHNOLOGIES INC.	
<020>	Program Year	2017	
<030>	Contact Name - Person USAC should contact regarding this data	Pamela Hintz	
<035>	Contact Telephone Number - Number of person identified in data line <030>	6516218535 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	phintz@otcpas.com	
<900>	Does the filing entity offer tribal land services? (Y/N)		
<910>	Tribal Land(s) on which ETC Serves		
<920>	Tribal Government Engagement Obligation	Name of Attached	l Document
If your o	ompany serves Tribal lands, please select (Yes,No, NA) for each these boxes		
-	rm the status described on the attached document(s), on line 920,		
	trates coordination with the Tribal government pursuant to	Select	
	B(a)(9) includes:	Yes or No or	
	(A)	Not Applicable	
<921>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions.		
<922>	Feasibility and sustainability planning;		
<923>	Marketing services in a culturally sensitive manner;		
<924>	Compliance with Rights of way processes		
<925>	Compliance with Land Use permitting requirements		
<926>	Compliance with Facilities Siting rules		
<927>	Compliance with Environmental Review processes		
<928>	Compliance with Cultural Preservation review processes		
<929>	Compliance with Tribal Business and Licensing requirements.		

		1 060 -
(1000) V	pice and Broadband Service Rate Comparability	FCC Form 481
Data Col	ection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
		July 2013
<010>	Study Area Code	369020
<015>	Study Area Name	FARMERS MUTUAL TECHNOLOGIES INC.
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Pamela Hintz
<035>	Contact Telephone Number - Number of person identified in data line <030>	6516218535 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	phintz@otcpas.com
<1000>	Voice services rate comparability certification	
<1010>	Attach detailed description for voice services rate	
	comparability compliance	
		Name of Attached Document
<1020>	Broadband comparability certification	
<1020>	Broadband Comparability Certification	
<1030>	Attach detailed description for broadband	
	comparability compliance	
		Name of Attached Document

(1100) N	o Terrestrial Backhaul Reporting	FCC Form 481
Data Col	lection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	369020
<015>	Study Area Name	FARMERS MUTUAL TECHNOLOGIES INC.
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Pamela Hintz
<035>	Contact Telephone Number - Number of person identified in data line <030>	6516218535 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	phintz@otcpas.com
<1100>	Certify whether terrestrial backhaul options exist (Y/N)	
<1130>	Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 upstream within the supported area pursuant to § 54.313(g).	kbps

(1200) Te	rms and Condition for Lifeline Customers		FCC Form 481
Lifeline			OMB Control No. 3060-0986/OMB Control No. 3060-0819
Data Coll	ection Form		July 2013
•			
<010>	Study Area Code		369020
<015>	Study Area Name		FARMERS MUTUAL TECHNOLOGIES INC.
<020>	Program Year		2017
<030>	Contact Name - Person USAC should contact regarding this data		Pamela Hintz
<035>	Contact Telephone Number - Number of person identified in data line <		
<039>	Contact Email Address - Email Address of person identified in data line <	<030>	> phintz@otcpas.com
		Г	369020mn1210.pdf
			30020111210.pq1
.4240	Town 0. Conditions of Water Talanka and Highline Blanc		
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans		
		_	Name of Attached Document
.4.220:			
<1220>	Link to Public Website HT	TP	
		_	
"Planca cl	neck these boxes below to confirm that the attached document(s), on line 1210,		
	bsite listed, on line 1220, contains the required information pursuant to		
	(a)(2) annual reporting for ETCs receiving low-income support, carriers must		
annually r	eport.		
<1221>	Information describing the terms and conditions of any voice	/	
	telephony service plans offered to Lifeline subscribers,		
<1222>	Details on the number of minutes provided as part of the plan,	~	
\122Z>	Details on the humber of minutes provided as part of the plan,	_	
	<u> </u>		
<1223>	Additional charges for toll calls, and rates for each such plan.	~	
	_		

(2000) Price C	ap Carrier Additional Documentation		F	FCC Form 481
Data Collectio	n Form			DMB Control No. 3060-0986/OMB Control No. 3060-0819
Including Rate	of-Return Carriers affiliated with Price Cap Local Exchange Carriers		J	uly 2013
	,, , ea ee ac	369020 FARMERS MUTUAL TECHNOLOG	GIES INC.	
	dy Area Name gram Year	2017	ILS INC.	
		Pamela Hintz		
		6516218535 ext.		
		phintz@otcpas.com		
	ppropriate responses below (Yes, No, Not Applicable) to note ct America Phase II support as set forth in 47 CFR § 54.313(b),(
Inc	remental Connect America Phase I reporting			
<2010>	2nd Year Certification 47 CFR § 54.313(b)(1)(i) - Note t	hat for the July 1		
\2010>	2016 certification, this applies to Round 2 recipients of	-		
	Support	i ilici cilicitai		
2011				
<2011>	3rd Year Certification 47 CFR § 54.313(b)(1)(ii) - Note t			
	2016 certification, this applies to Round 1 recipients of	f Incremental		
	Support			
<2022>	Recipient certifies, representing year two after filing a	notice of		
	acceptance of funding pursuant to 54.312(c), that the	locations in		
	question are not receiving support under the Broadba			
	Program or the Broadband Technology Opportunities			
		=		
	projects that will provide broadband with speeds of at			
	Mbps/1Mbps - 54.313(b)(2)(i). Round 2 recipients onl	у.		
<2023>	The attachment on line 2024 includes a statement of t	the total amount of		
	capital funding expended in the previous year in meet	ing Connect		
	America Phase I deployment obligations, accompanied	•		
	blocks indicating where funding was spent. This cover	•		
		3 year two -		
	54.313(b)(2)(ii). Round 2 recipients only.			
<2024A>	Round 2 Recipient of Incremental Support?			
<2024B>	Attach list of census blocks indicating where funding w	vas spent in year	Name of Attached Document Listi	ing
	two - 54.313(b)(2)(ii). Round 2 recipients only.	' '	Required Information	ŭ
<2025A>	Round 1 or Round 2 Recipient of Incremental Support)	nequired information	
<2025A>	Round 1 of Round 2 Recipient of incremental Support	ŗ		
<2025B>	Attach geocoded Information for Phase I milestone re	ports (Round 1 for	Name of Attached Document Listi	ing
	year three and Round 2 for year two) - Connect Ameri	ca Fund , WC	Required Information	
	Docket 10-90, Report and Order, FCC 13-			
.2045	2016 and feature Francis Constitution (1. 47.055.5	E 4 242/-\/4\		
<2015>	2016 and future Frozen Support Certification 47 CFR §	54.313(C)(4)		

Data Collection For	rrier Additional Documentation (Continued) m eturn Carriers affiliated with Price Cap Local Exchange Carriers	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<2016>	Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)} Certification support used to build broadband	
	: America Phase II Reporting {47 CFR § 54.313(e)}	
<2017A>	Connect America Fund Phase II recipient?	
<2017B>	Attach information for Phase II - 54.313(e)(1) - list of geocoded locations already meeting the 54.309 public interest obligations at the end of calendar year 2015 and total amount of Phase II support, if any, the price	Name of Attached Document Listing Required Information
<2018>	cap carrier used for capital expenditures in 2015. Attach the number, names, and addresses of community anchor institutions to which the carrier newly began providing access to broadband service in the preceding calendar year - 54.313(e)(2)(ii)	Name of Attached Document Listing Required Information
<2019>	Recipient certifies that it bid on category one telecommunications and Internet access services in response to all FCC Form 470 postings seeking broadband service that meets the connectivity targets for the schools and libraries universal service support program for eligible schools and libraries located within any area in a census block where the carrier is receiving Phase II model-based support, and that such bids were at rates reasonably comparable to rates charged to eligible schools and libraries in urban areas for comparable offerings - 54.313(e)(2)(v)	
<2020>	Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 40% of its supported locations in the state on December 31, 2017 - 54.313(e)(3)	
<2021>	Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 60% of its supported locations in the state on December 31, 2018 - 54.313(e)(4)	
<2026>	Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 80% of its supported locations in the state on December 31, 2019 - 54.313(e)(5)	
<2027>	Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 100% of its supported locations in the state on December 31, 2020 - 54.313(e)(6)	

(3005) Rate Of Return Carrier Additional Documentation	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	369020
<015>	Study Area Name	FARMERS MUTUAL TECHNOLOGIES INC.
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Pamela Hintz
<035>	Contact Telephone Number - Number of person identified in data line <030>	6516218535 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	phintz@otcpas.com

Complete the items below to note compliance with five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3009)	Progress Report on 5 Year Plan Carrier certifies to 54.313(f)(1)(iii)		
(3010A)	Milestone Certification {47 CFR § 54.313(f)(1)(i)}	Г	
(3010B)	Please Provide Attachment	Name of Attached Document Listing Required Information	
(3012A)	Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}	· · · · · · · · · · · · · · · · · · ·	
(3012B)	Please Provide Attachment	Name of Attached Document Listing Required	
(3013)	Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}	Information (Yes/No)	
(3014)	If yes, does your company file the RUS annual report	(Yes/No)	
(3015)	Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires: Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)		
(3016)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows		
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attached Document Listing Required Information	
(3018)	If the response is no on line 3014, is your company audited? If the response is yes on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:	(Yes/No)	
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS		
(3020)	Operating Report for Telecommunications Borrowers Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows		
(3021)	Management letter and/or audit opinion issued by the independent certified public accountant that performed the company's financial audit. If the response is no on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:		
(3022)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers		
(3023)	Underlying information subjected to a review by an independent certified public accountant		
(3024)	Underlying information subjected to an officer certification.		
(3025)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows		
(3026)	Attach the worksheet listing required information	Name of Attached Document Listing Required Information	

(3005) Rate Of Return Carrier Additional Documentation (Continued)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	369020
<015>	Study Area Name	FARMERS MUTUAL TECHNOLOGIES INC.
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Pamela Hintz
<035>	Contact Telephone Number - Number of person identified in data line <030>	6516218535 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	phintz@otcpas.com

Financial Data Summary	
(3027) Revenue	
(3027) Nevertue	
(3028) Operating Expenses	
(3029) Net Income	
(3030) Telephone Plant In Service(TPIS)	
(3031) Total Assets	
(3032) Total Debt	
(3033) Total Equity	
(3034) Dividends	

(4005) Rural Broadband Experiment Additional Documentation Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	369020
<015>	Study Area Name	FARMERS MUTUAL TECHNOLOGIES INC.
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Pamela Hintz
<035>	Contact Telephone Number - Number of person identified in data li	ne <030> 6516218535 ext.
<039>	Contact Email Address - Email Address of person identified in data li	ne <030> phintz@otcpas.com

4005 Rural Broadband Experiment

Authorized Rural Broadband Experiment (RBE) recipients must address the certification for public interest obligations, provide a list of newly served community anchor institutions, and provide a list of locations where broadband has been deployed.

Public Interest Obligations – FCC 14-98 (paragraphs 26-29, 78)

Please address Line 4001 regarding compliance with the Commission's public interest obligations. All RBE participants must provide a response to Line 4001.

4001. Recipient certifies that it is offering broadband to the identified locations meeting the requisite public interest obligations consistent with the category for which they were selected, including broadband speed, latency, usage capacity, and rates that are reasonably comparable to rates for comparable offerings in urban areas?

Community Anchor Institutions – FCC 14-98 (paragraph 79)

4003a. RBE participants must provide the number, names, and addresses of community anchor institutions to which they newly deployed broadband service in the preceding calendar year. On this line, please respond (yes – attach new community anchors, no – no new anchors) to indicate whether this list will be provided.

If yes to 4003A, please provide a response for 4003B.

speed and data usage allowances available in the

relevant geographic area.

il yes to 4000A, piease provide a response for 4000B.	
4003b . Provide the number, names and addresses of community anchor institutions to which the recipient newly began providing access to broadband service in the preceding calendar year.	Name of Attached Document Listing Required Information
Broadband Deployment Locations – FCC 14-98 (par	ngraph 80)
4004a . Attach a list of geocoded locations to which broadband has been deployed as of the June 1st immediately preceding the July 1st filing deadline for the FCC Form 481.	Name of Attached Document Listing Required Information
4004b . Attach evidence demonstrating that the recipient is meeting the relevant public service obligations for the identified locations. Materials must at least detail the pricing, offered broadband	Name of Attached Document Listing Required Information

Certification - Reporting Carrier	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	369020
<015>	Study Area Name	FARMERS MUTUAL TECHNOLOGIES INC.
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Pamela Hintz
<035>	Contact Telephone Number - Number of person identified in data line <030>	6516218535 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	phintz@otcpas.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients

l certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier:

Signature of Authorized Officer: CERTIFIED ONLINE

Date 06/28/2016

Printed name of Authorized Officer: Kevin Beyer

Title or position of Authorized Officer: CEO

Telephone number of Authorized Officer: 3205682105 ext.

Study Area Code of Reporting Carrier:

Filing Due Date for this form:

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

	ion - Agent / Carrier ection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	369020
<015>	Study Area Name	FARMERS MUTUAL TECHNOLOGIES INC.
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Pamela Hintz
<035>	Contact Telephone Number - Number of person identified in data line <030>	6516218535 ext.

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

<039> Contact Email Address - Email Address of person identified in data line <030> phintz@otcpas.com

I certify that (Name of Agent)_Olsen Thielen also certify that I am an officer of the reporting carrier; my responsibilitie agent; and, to the best of my knowledge, the reports and data provided to	is authorized to submit the information reported on behalf of the reporting carrier. I as include ensuring the accuracy of the annual data reporting requirements provided to the authorized of the authorized agent is accurate.
Name of Authorized Agent: Olsen Thielen	
Name of Reporting Carrier: FARMERS MUTUAL TECHNOLOGIES INC.	
Signature of Authorized Officer:	Date:
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier: 369020	Filing Due Date for this form: 07/01/2016
, ,	ine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment 8 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Rec	cipients on Behalf of Reporting	ç Carrier
, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service sup the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the info		
Name of Reporting Carrier: FARMERS MUTUAL TECHNOLOGIES INC.		
Name of Authorized Agent Firm: Olsen Thielen		
Signature of Authorized Agent or Employee of Agent:	Date:	06/27/2016
Name of Authorized Agent Employee: Tom Campbell		
Title or position of Authorized Agent or Employee of Agent Consultant		
Telephone number of Authorized Agent or Employee of Agent: 6516218511 ext.		
Study Area Code of Reporting Carrier: 369020 Filing Due Date for this form: 07,	/01/2016	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications A 18 of the United States Code, 18 U.S.C. § 1001.	Act of 1934, 47 U.S.C. §§ 502, 503(b), or	fine or imprisonment under Title



(800) Operating Companies	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code		369020
<015>	Study Area Name		FARMERS MUTUAL TECHNOLOGIES INC.
<020>	Program Year		2017
<030>	Contact Name - Person US	AC should contact regarding this data	Pamela Hintz
<035>	Contact Telephone Number	er - Number of person identified in data line <030>	6516218535 ext.
<039>	Contact Email Address - Er	nail Address of person identified in data line <030>	phintz@otcpas.com
<810>	Reporting Carrier	Farmers Mutual Technologies	
<811>	Holding Company	Not Applicable	
<812>	Operating Company	Farmers Mutual Telephone Company	

<813>	<a1></a1>	<a2></a2>	<a3></a3>
	Affiliates	SAC	Doing Business As Company or Brand Designation
-	Farmers Mutual Telephone Company	361389	
_	Farmers Mutual Telephone Company	369020	
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Farmers Mutual Technologies Inc.

Form 481 Line No. 1210 Lifeline Plans Terms and Conditions

Farmers Mutual Technologies Inc. does adhere to all Federal Lifeline eligibility rules and regulations as well as Minnesota Administrative Rule "7817.0400 - Eligibility for Telephone Assistance Credits" which states:

Minnesota Administrative Rule 237 Chapter 7817.0400

Subpart 1. Information provided. Each local service provider shall annually mail a notice of the availability of the telephone assistance plan to each residential subscriber in a regular billing. If a subscriber has chosen to receive the regular billing other than through U.S. mail, the local service provider shall send the notice in a regular billing using the delivery method chosen by the subscriber for delivery of the regular billing. The notice must state the following: YOU MAY BE ELIGIBLE FOR ASSISTANCE IN PAYING YOUR TELEPHONE BILL IF YOU RECEIVE BENEFITS FROM CERTAIN LOW-INCOME ASSISTANCE PROGRAMS OR MEET CERTAIN INCOME LIMITS. FOR MORE INFORMATION OR AN APPLICATION FORM PLEASE CONTACT

<u>(local service provider)</u>. On request, the local service provider shall mail to a person an application form developed by the commission and the Department of Commerce, and a brochure that describes the telephone assistance plan's eligibility requirements and application process.

Subpart 2. Application process. On completing and signing the application certifying under penalty of perjury that the information provided by the applicant is true and that the statutory criteria for eligibility are satisfied, the applicant must return it to the local service provider for enrollment in the telephone assistance plan. An application may be made by the subscriber, the subscriber's spouse, or a person authorized by the subscriber to act on the subscriber's behalf.

Subpart 4. Eligibility criteria. To be eligible for a telephone assistance credit the applicant must:

- A. be a subscriber who resides in Minnesota or has moved to Minnesota and intends to remain; and
- B. be eligible for the federal Lifeline telephone service discount.

Subpart 7. Applicant and recipient responsibilities. Each applicant and each recipient shall provide current information to the local service provider about permanent changes that affect the applicant's or recipient's eligibility.

Subpart 8. Local service provider responsibilities.

- A. A local service provider shall begin providing telephone assistance credits to an applicant in the earliest possible billing cycle but not later than the second billing cycle following submission of a completed application demonstrating eligibility. If certified, the local service provider shall notify the applicant by, for example, placing telephone assistance credits on the bill.
- B. If an applicant is denied eligibility, the local service provider shall notify the applicant in writing of the reasons for the denial, of the right to appeal, and of the right to reapply.

Farmers Mutual Technologies Inc.

Form 481 Line No. 1210 Lifeline Plans Terms and Conditions

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Farmers Mutual Technologies Inc.'s Local service rates that serve as its Lifeline Plans are filed in Compliance with the regulatory requirements of Minn. Rules Ch. 7810 and Minn. Rules pt. 7812.0600 as follows:

A. The tariffs or price lists of local exchange carriers must offer the following services to all

customers pursuant to Minn. Rules pt. 7812.0600 (basic service requirements):	
single party voice-grade service and touch-tone capability;	
911 or enhanced 911 access;	
 1 + intraLATA and interLATA presubscription and code-specific equal access to interexchange carriers subscribing to its switched access service; access to directory assistance, directory listings, and operator services; toll and information service-blocking capability without recurring monthly charge one white pages directory per year for each local calling area, which may include more than one local calling area, except where an offer is made and explicitly refused by the customer; 	!S
a white pages and directory assistance listing, or, upon customer request, a prival listing that allows the customer to have an unlisted or unpublished telephone number;	te
call-tracing capability according to chapter 7813;	
(i) call Trace provisions in tariff mirror Commission's tariff templates.	
blocking capability according to the Commission's ORDER ESTABLISHING CONDITIONS FOR THE PROVISION OF CUSTOMER LOCAL AREA SIGNALING SERVICES, Docket No. P999/CI-92-992 (June 17, 1993) and its ORDER AFTER RECONSIDERATION, Docket No. P999/CI-92-992 (December 3, 1993).	
telecommunications relay service capability or access necessary to comply with state and federal regulations.	

B. A Separate flat rate service offering is required pursuant to Minn. Rules pt. 7812.0600, subpt. 2. At a minimum, each local service provider (LSP) shall offer the services identified in Minn. Rules pt. 7812.0600, subpt. 1 as a separate tariff or price list offering on a flat rate basis. An LSP may also offer basic local service on a measured rate basis or in combination with other services. An LSP may impose separate charges for the services set forth in subpart 1 only to the extent permitted by applicable laws, rules, and commission orders.

Farmers Mutual Technologies Inc.

Form 481 Line No. 1210 Lifeline Plans Terms and Conditions

C. Service area obligations under Minn. Rules pt. 7812.0600, subpt. 3: An LSP shall provide its local services on a nondiscriminatory basis, consistent with its certificate under part 7812.0300 or 7812.0350, to all customers who request service and whose premises fall within the carrier's service area boundaries or, for an interim period, to all requesting customers whose premises fall within the operational areas of the local service provider's service area under part 7812.0300, subpart 4, or 7812.0350, subpart 4. The obligation to provide resale services does not extend beyond the service capability of the underlying carrier whose service is being resold. The obligation to provide facilities-based services does not require an LSP that is not an eligible telecommunications carrier (ETC) to build out its facilities to customers not abutting its facilities or to serve a customer if the local service provider cannot reasonably obtain access to the point of demarcation on the customer's premises.

The flat rate services, offered pursuant to Minn. Rules pt. 7812.0600, subpt. 2., include unlimited local service minutes of use. The local services offerings do not include any toll minutes of use. The rates for any toll usage are determined by the rate plans of the Toll Provider(s) that end users are selected by lifeline by end users.

The specific Company terms and conditions for the Companies Lifeline Plans are set forth in the tariff pages included in Exhibit 1, attached.

Farmers Mutual Technologies Inc.

Form 481 Line No. 1210 Lifeline Plans Terms and Conditions

LOCAL EXCHANGE SERVICE

The rates for Local Exchange Service are subject to the conditions set forth herein and the General Regulations governing provision of service. The General Regulations are set forth in Section 2 of this tariff book.

Local Exchange Service

- A. The Local Exchange Service Rates in this section are for service only and do not include any terminal equipment beyond the point of demarcation.
- B. The rates applicable to Local Exchange Service are composed of a Line Access Rate component plus (where applicable) an Extended Area Service component.

C. Service Upgrades

- 1) At the option of the Company, services will be upgraded to business individual line and residence individual line as facilities for the provision of such services permit.
- 2) Upgrading of business and residence services may be accomplished on a line by line basis at the option of the Company.
- 3) As an exchange is upgraded, as set forth in 1) above, the rates shown on the appropriate rate schedule will be applied.

D. Extended Area Service

- 1) Establishment and discontinuance of EAS will be contingent upon Commission authorization.
- Extended Area Service rate component.
 - a) EAS is a premium-type service offering made by the Company to certain exchanges, under specific conditions.
 - b) The Extended Area Service rate component, where applicable, is included in the Local Exchange Service Rate.

E. Taxes

1) Applicable taxes levied by state, county and local taxing authorities are in addition to the rates set forth in this tariff. (See also General Regulations, Section 2).

Effective: 1-14-08

LOCAL EXCHANGE SERVICE

	Ra	tes_					
Class of Service	Monthly Rates						
Exchange	Madiso Dawso		Boy	d		Montevid Ortonville	
BUSINESS: One Party Key System Line - Access Basic Coin Telephone Service	\$	16.00 16.00 16.00	(I) \$ (I) (I)	16.00 16.00 16.00	(I) \$ (I) (I)	16.00 16.00 16.00	(l) (l) (l)
RESIDENCE: One Party - Access		16.00	(I)	16.00	(1)	16.00	(1)

All rates are billed in advance. Payment for service is due when the statement is rendered.

Vacation rate service is available for customers requiring less than 12 months of service per year. The rate for vacation service is determined in accordance with section 5, page 31 of this tariff book.

	Monthly Rate
SCHOOL CLASS ROOM SERVICE: *	
One Party - Access	\$ 16.00 (I)

* School classroom service is one party flat rate local exchange access line service offered to public schools that conduct classes within the range of kindergarten through 12th grade pursuant to Minnesota Statute Section 237.065. This additional service is available to ensure access to telephone service from each classroom and other areas within the school, as determined by the school board. Existing service provided to all areas of the school prior to the effective date of this tariff will be billed at the current rates. Upon approval by the school board, this service must be installed in all remaining classrooms within the school and other areas within the school, as determined by the school board, within the time period specified by the company. This service is not available in areas within the school where telephone service is used for business administrative purposes of the schools.

Effective: 11-1-13

Book 2 Section 4 Page 3 Revision 1

LOCAL EXCHANGE SERVICE

Extended Area Service (EAS)

Exchange	EAS to Exchange	
Madison	Dawson	
Dawson	Madison	
Boyd	Cerro Gordo Dawson	(N)
Montevideo	Big Bend Milan	(N)
Ortonville	Big Stone City Clinton Odessa	(N)

Effective: <u>11-1-13</u>